## **WESTERN SCHOOL DISTRICT**

Programs Division

P. O. 368, 10 Wellington Street, Corner Brook, NL A2H 6G9
Tel: (709)637-4016 Fax: (709)639-1733

## FUNDING REQUEST FOR: (Please check one below)

| <ul><li>□ Extra Curricular/Co-curricular Event (Acct. # 52084)</li><li>□ Support of Program Initiatives (Acct. # 52043-200)</li></ul> |  |
|---|--|
| Teacher's Name:   | School/Community:  |
| Details of proposed initiative (include the number  | er of students and teachers involved where applicable):  |
|   |  |
|   |  |
| Anticipated Benefits:   |  |
|   |  |
|   |  |
|   |  |
| Travel Distances (where applicable): From:  | To:  |
| Date of event: Distance   | ce (return)km  |
| Projected Cost: \$  |  |
| Contributions from other sources: \$  |  |
| Amount Requested from Western School Distric  | ct: \$   |
| Principal's Signature:  | Date:  |
| diem amounts for the approved event are submitted to our  | Invoice #PRG written to you/the school when documentation for expenditures/per r finance department. <b>Please attach a copy of this approved</b> als are not required. This approved amount will be <b>null and void</b> if nool year.) |
| Assistant Director of Education (Programs)  | Date   |
| c Accounts Payable<br>Regional Education Officer (If applicable)  | <ul><li>☐ Acct.#52084-207 (Prim/Elem)</li><li>☐ Acct. # 52084-208 (Jr. High)</li><li>☐ Acct. # 52084-209 (Sr. High)</li></ul>  |

☐ Acct. # 52043-200